

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36714

FILED DEC 13 1943
Registration District No. 398

Primary Registration District No. 1003

State File No.

Registrar's No. 10553

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lady M. Molina

3. (b) If veteran, name war --- 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if --- alive _____ years

7. Birth date of deceased Unavailable 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 0 0 0 br. min.

9. Birthplace Friendship Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business ---

12. Name Sam Davis
13. Birthplace Friendship Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Blair
15. Birthplace Friendship Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Jeffries
(b) Address 1030 North Leonard Avenue

17. (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 1 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 917 N. Compton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28, year 1943 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from November 9, 1943, to November 28, 1943, that I last saw her alive on November 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Terminal
Hypertensive Heart Disease Unk.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

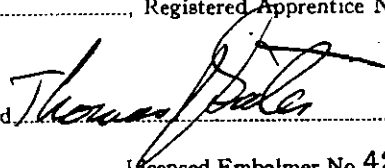
23. Signature J. F. Bredeck (M. D. or other) 0
Address 2601 Whittier Date signed 12/2/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Thomas J. Gates, Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.